



Provider Certification Renewal - Required Documents

Providers are required to submit all recertification documentation through the provider portal. All documentation shall be legible, and shall be submitted so that it is easy to read and review. This includes assuring that all items are oriented top to bottom. If policies are contained within a larger policy manual, indicate the specific page number on which the required policy can be found.

It is the responsibility of the provider to review all documentation after it is uploaded and before it is submitted. If submitted documentation does not meet these minimum standards, the Division will consider the documentation unacceptable and the provider will be required to resubmit within the required timeframes.

_____ Please submit a copy of the following administrative forms, which can be found on the Division website, [HCBS Document Library](#), under the *DD Certification Forms* tab:

- ☐ Documentation Standards - CERT03
- ☐ No Services in a Provider Operated Setting - PV03 (If the provider does not offer services in a provider owned or operated setting)
- ☐ Declination of Medication Assistance - PV05 (If provider does not offer medication assistance)
- ☐ Provider Statement of Confidentiality - CERT10
- ☐ Provider Vehicle Information Form - CERT05
- ☐ Demonstration of Understanding for Incident Reporting - CERT12 (Provider)/ CERT13 (Case manager)

_____ Please submit a Provider Staff File Checklist - CERT11 for 5 employees. If the provider is independent, or has fewer than five employees, the checklist shall be submitted for the provider and all employees.

_____ Please submit the following policies, including information on how these policies are shared with participants, legally authorized representatives, and employees. If policies are included in a larger manual, indicate the specific page number on which the required policy can be found. **Provider may choose to use the Example General Policies and Procedures - Example 17**

- ☐ Pets
- ☐ Weapons (including ammo separate from weapon)
- ☐ Smoking
- ☐ Incident reporting (reportable and internal)
- ☐ Medication assistance (if providing medication assistance)
- ☐ Restraints

- ☐ Rights (including right to refuse services)
- ☐ Privacy
- ☐ Participant costs and funds
- ☐ Complaints and grievances
- ☐ Detecting and reporting abuse
- ☐ Confidentiality
- ☐ Conflict of Interest (if provider permits the hiring of legally authorized representatives of a participant receiving services from the provider, or permits the hiring of relatives of provider employees working for the organization)

____ Please submit the following inspections:

- ☐ Evidence of one self-inspection for each year of the last certification period for specified sites, including evidence that deficiencies were addressed - **Provider may choose to use Annual Self Inspection Requirements form - CERT01**
- ☐ Evidence of one outside inspection, completed within the last 24 months, for specified sites - **Provider may choose to use Outside Entity Inspection Requirements form - TOOL14**

____ Please submit the following emergency plan information, including demonstration that plans are reviewed with participants and staff on routine shifts, and demonstration that concerns were identified and addressed, for the sites identified. **Provider may choose to use the Example Emergency Plans for Community-Based and/or Home Based Services - Example 16/Example 18**

- ☐ Fire - including evacuation drill
- ☐ Bomb threat
- ☐ Natural disasters (including, but not limited to, earthquakes, blizzards, floods, tornadoes, wildfires)
- ☐ Power and other utility failures
- ☐ Medical emergencies
- ☐ Missing persons
- ☐ Provider incapacity
- ☐ Staffing shortages (service coverage) due to other emergency situations
- ☐ Safety during violent or other threatening situations
- ☐ Vehicle emergencies